

Gua 3739



PATENT

Atty. Docket No. BSC-017CP
(1002/29)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED

NOV 15 1999

APPLICANT: Sixto et al.

SERIAL NUMBER: 09/359,335

GROUP NUMBER: 3739 TECHNOLOGY CENTER 3700

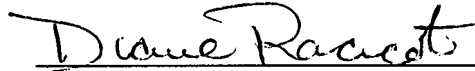
FILING DATE: July 21, 1999

EXAMINER: Not Assigned

TITLE: ELECTROSURGICAL TISSUE REMOVAL WITH A SELECTIVELY
INSULATED ELECTRODE

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

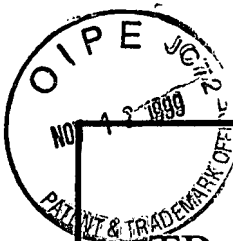
I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC 20231, on this November 10, 1999.


Diane Racicot

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Submitted herewith are Transmittal Form (1 page); Information Disclosure Statement (2 pages); Copies of IDS citations (AA-ADL, BA-BL, CA-CB); and a mailroom postcard.



Best Available Copy

TRANSMITTAL
FORM

Application Serial Number	09/359,335
Filing Date	July 21, 1999
First Named Inventor	Sixto et al.
Group Art Unit	3739
Examiner Name	Not yet assigned.
Attorney Docket No.	BSC-017CP

ENCLOSURES (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Check Attached
<input type="checkbox"/> Copy of Fee Transmittal Form

<input type="checkbox"/> Amendment/Response

<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]

<input type="checkbox"/> Extension of Time Request

<input checked="" type="checkbox"/> Information Disclosure Statement
<input checked="" type="checkbox"/> Form PTO-1449 (6 pages)
<input checked="" type="checkbox"/> Copies of IDS Citations (AA-ADL, BA-BL, CA-CB)
<input type="checkbox"/> Certified Copy of Priority Document(s)

<input type="checkbox"/> Response to Missing Parts/ Incomplete Application | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)

<input type="checkbox"/> Formal Drawing(s)

<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition to Convert to a Provisional Application

<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)

<input type="checkbox"/> Terminal Disclaimer

<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application

<input type="checkbox"/> Small Entity Statement

<input type="checkbox"/> Request for Refund

<input type="checkbox"/> After Allowance Communication to Group | <input type="checkbox"/> Appeal Communication to Board of Patent Appeals and Interferences

<input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>)

<input type="checkbox"/> Status Letter

<input checked="" type="checkbox"/> Return Receipt Postcard
<input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8

<input type="checkbox"/> Additional Enclosure(s) (<i>please identify below</i>) |
|---|---|---|

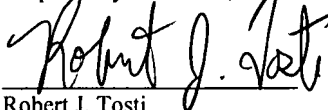
CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
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High Street Tower
125 High Street
Boston, MA 02110
Tel. No.: (617) 248-7000
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SIGNATURE BLOCK

Date: November 10, 1999
Reg. No. 35,393
Tel. No.: (617) 248-7374
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Respectfully submitted,


Robert J. Tosti
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PATENT
Attorney Docket No. BSC-017CP

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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TECHNOLOGY CENTER 3700

APPLICANT(S): Sixto et al.
SERIAL NO.: 09/359,335 GROUP NO.: 3739
FILING DATE: July 21, 1999 EXAMINER: Not Assigned
TITLE: Electrosurgical Tissue Removal with a Selectively Insulated Electrode

INFORMATION DISCLOSURE STATEMENT

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

In accordance with the provisions of 37 C.F.R. §1.97, Applicants hereby make of record the references listed on the accompanying Form PTO-1449 for consideration by the Examiner in connection with the examination of the above-identified patent application. Copies of the references are enclosed.

REMARKS

In accordance with the provisions of 37 C.F.R. §1.97, this statement is being filed (CHECK ONE):

- ☒ (1) within three (3) months of the **Filing Date** or before the mailing date of the **First Office Action** on the merits; or
- ☐ (2) after the period defined in (1) but before the mailing date of a **Final Rejection** or **Notice of Allowance**, and
- ☐ the requisite Statement is below, **OR**
- ☐ the requisite fee under Rule 1.17(p), namely **\$240.00**, is included herein, or
- ☐ (3) after the mailing date of a **Final Rejection** or **Notice of Allowance** but before the payment of the **Issue Fee**, **AND**
- ☐ Applicant hereby Petitions the Commissioner to accept and consider the attached Information Disclosure Statement, **AND**
- ☐ the requisite Statement is below, **AND**



☐ the requisite petition fee due under Rule 1.17(i)(I), namely \$130.00 is included herein.

It is respectfully requested that each of the references shown on the attached Form PTO-1449 be made of record in this application.

STATEMENT

As required under §1.97(e), Applicants, through the undersigned, hereby state either that [check the appropriate space]:

- ☐ 1. [E]ach item of information contained in the Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application **not more than** three months prior to the filing date of the Information Disclosure Statement; or
- ☐ 2. [N]o item of information contained in the Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application, and to the knowledge of the person signing this Statement after making reasonable inquiry, no item of information contained in the Information Disclosure Statement was known to **any** individual designated in §1.56(c) **more than** three months prior to the filing of the Information Disclosure Statement.

FEE AUTHORIZATION

Should any fee associated with the submission of this paper not be attached hereto as a check, the Commissioner is authorized to charge the missing fee to our Deposit Account, No. 20-0531. Any overpayments should be credited to said Deposit Account.

Date: November 10, 1999
Reg. No. 35,393

Tel. No.: (617) 248-7374
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WUD1002/29.888632-1

Respectfully submitted,

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